## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	MENT # K74207 L. CONSULTANTS, INC.	7 (7)						
Principal Place of Business Mailing Address			<del></del>			-	A HEALT MARKET	III 1111 III
% HAROLD RUBIN 11451 A S.W. 109TH ROAD MIANI FL 93176		% HAROLD RUBIN 11451 A S.W. 109TH ROAD MIAMI FL 33176		er dizer	DO NOT WRITE IN THIS  3. Date incorporated or Qualified	SPACE		
						03/21/1989		
······	2. Principal Place of Business 2a. Mailing					4. FEI Number	<del>  -</del>	Applied For
		Suite Ant # etc	Suite, Apt. #, etc.			65-0213337		Not Applicable Additional
<del></del>		27			5. Certificate of Status Desired	<b>7</b>	Required	
City & State		City & State			6. Election Campaign Financing		) May Be	
23		28				Trust Fund Contribution		to Fees
Zip	Country	Zip	Coun	ntry		8. This corporation owes or has paid the cu	rrent year Ir	ntangible
24	25		30		` <u> </u>	Personal Property Tax due June 30.	Yes	□_Ño
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered	Agent	
RU	JBIN, HAROLD			81	Name			
11451 A S.W. 109TH RD.			1	82	Street Addre	ss (P.O. Box Number is Not Acceptable)		
ML	AMI FL 33176		١.					
			l'	83				
			1	84	City	FI	<b>85</b> Zip	Code
office or r agent. I a SIGNATURE	egistered agent, or both, in the State im familiar with, and accept the obligation of the state	tions of, Section 607.0505, Flo	rida Statu	ites.		oration submits this statement for the purpose of on's board of directors. I hereby accept the applications of the purpose of	pointment as	s registered
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND	D DIRECTO	RS IN 12
TITLE	Ď	DELETE	1.1 TITLE				Change	Addition
NAME	Rubin, Harold		1.2 NAM	1.2 NAME				
STREET ADDRESS	11451 A S.W. 109TH RD.		1.3 STR	1.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL		1.4 CITY	1.4 CITY - ST - ZIP				
TITLE	D	☐ DELETE	21 TITL	21 TITLE			Change	Addition
NAME	RUBIN, DON		2.2 NAME					
STREET ADDRESS	11451 A S.W. 109TH RD.		2.3 STREET		DRESS			
CITY - ST - ZIP	MIAMI FL	Doctor		2.4 CITY-ST-ZIP			T 01	A A Del
TITLE	D SUBIN DADBY	☐ DELETE		3.1 TITLE			L Change	Addition
NAME	RUBIN, BARRY		3.2 NAME 3.3 STREET ADDRESS					
STREET ADDRESS	11451 A S.W. 109TH RD.							
CITY-ST-ZIP TITLE	MIAMI FL D	DELETE		3.4. CITY-ST-ZIP 4.1 TITLE			☐ Change	Addition
NAME	Rubin, Ruth	C) becele		4. 2 NAME			C CIRENGO	
STREET ADDRESS	11451 A SW 109TH RD.		•		MDECE			
CITY-ST-ZIP	MIAMI FL		4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		1			
TITLE	D	DELETE		5.1 TiTLE			☐ Change	☐ Addition
NAME	RUBIN, LEE	-		5.2 NAME			,	
STREET ADDRESS	11451 A SW 109TH RD.		5.3 STRE		DRESS			
CITY-ST-ZIP	MIAMI FL		5.4 CITY					
TITLE		DELETE	6.1 T(TL)				Change	Addition
NAME			6.2 NAM	AE .	l			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

**FILED** 

Feb 25 1998 8:00am

Secretary of State